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CONFIRMATION NO. 6194

<b>SERIAL NUMBER</b> 10/823,866	<b>FILING OR 371(c) DATE</b> 04/14/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 07917-212001 / UMMC 03-10
<b>APPLICANTS</b> Lawrence J. Stern, Acton, MA; Jennifer D. Stone, Arlington, MA; Gregory J. Carven, Maynard, MA; Sriram Chitta, Worcester, MA; Iwona Strug, Worcester, MA; Jennifer R. Cochran, Philadelphia, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/463,379 04/16/2003 <i>LD</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE LD</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/23/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> <i>LD</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 52
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 26161				
<b>TITLE</b> Major histocompatibility complex (MHC)-peptide arrays				
<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	